



## **Missouri City Fire and Rescue Service**

### **PROVIDER NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE FOLLOWING POLICY DOES NOT REFLECT THE POLICIES OF FORT BEND COUNTY EMERGENCY MEDICAL SERVICE.

#### **Uses and Disclosures of Health Information**

We use health information about you for treatment and for other allowable healthcare purposes. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and the new notice can be provided by our first responders. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

#### **Individual Rights**

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies we will charge you, the patient, normal photocopy fees. All authorized or by law requests made by others will be charged for production of medical records per the department's schedule of charges. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You have the right to request that we restrict the use and disclosure of your health information above what is required by law. If we accept your request for restricted use and disclosure then we must abide by the request and may only reverse the position after you have been appropriately notified. You have the right to request an alternative means of communications with us. You are not required to explain why you want the alternative means of communication.

#### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the United States Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

#### **Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

#### **Second Layer:**

For further details about your rights and the Federal Privacy Rule, refer to the second layer of this policy. You can contact the below individual, or via our web site at

<http://www.ci.mocity.tx.us/>. If you have any questions or complaints, please contact:

Missouri City Fire Rescue Service  
3849 Cartwright Rd.  
Missouri City, Texas 77459  
(281) 403-4300